

www.marylandcancerplan.org
Skin Cancer Committee Meeting #1
July 12, 2002, 9-11am
Johns Hopkins at Greenspring Station, Suite 125A

⇒ **Introductions and background information**

- Committee members and staff introduced themselves and agreed to have their name and affiliation listed on the website.
- Robert Villanueva, Executive Director of the State Council on Cancer Control, briefly reviewed the application for funding from the CDC and outlined the idea of comprehensive cancer control.
- Bowie Little-Downs, Program Coordinator for the State Council on Cancer Control, reviewed the organizational structure of the planning process and the evaluation component of the grant. Evaluation surveys must be completed by each committee member at the end of each meeting. Evaluations can also be completed online at <http://www.marylandcancerplan.org/evaluation.html>
- Kate Shockley, Program Coordinator for the Maryland Cancer Plan, reviewed the draft outline for the new cancer plan and the proposed meeting structure for the Skin Cancer committee. Skin cancer has not been included in past Maryland cancer control plans. Chapters on UV Radiation Protection and Skin Cancer from the North Carolina Cancer Control Plan can be found in the committee materials binders.

⇒ **Presentation and discussion of data and key issues (Dr. William Sharfman)**

- The data slides are available in the committee materials binder.
- The data shown only encompass incidence and mortality from melanoma, not squamous and basal cell carcinoma.
- In general, melanoma incidence increases with age, but does occur in younger people. Dr. Sharfman mentioned that his practice is seeing an increase in melanoma in kids (13-14 year olds).
- Melanoma is more common in men than women, and men often have more aggressive melanoma.
- Incidence rates are higher for the Eastern Shore and Northwest regions in Maryland. This may be due to increased sun exposure in prevalent occupations such as watermen and farmers.
- Discussion regarding the Maryland Cancer Registry; questions regarding who is required to report and specifically what data is collected in relation to skin cancer.
- While incidence of melanoma is rising, the trend in mortality appears to be leveling off, indicating that we are diagnosing melanoma at earlier, more treatable stages.
- Maryland rates are very similar to the U.S. rates.
- Very few African-Americans are dying of melanoma.
- Prince George's county and Baltimore City have lower mortality rates.
- A large percentage of melanoma cases are unstaged at the time of diagnosis (36%). Discussion of this as a reporting issue that may need to be addressed.
- Relative survival rates are increasing, indicating earlier diagnosis and better treatment. Discussion regarding the survival rates of African-Americans; does this population really have lower survival rates than the white population? If so, is this due to later, more advanced diagnoses?
- Discussion regarding behavioral data, including use of sunscreen. Concern that 45% of Maryland adults "never" use sunscreen when outdoors for an hour or more and that only 40% of parents "always" put sunscreen on their children when they are outdoors for an hour or more.
- Discussion of programs in Australia that have educated the public and helped to reduce the risk of melanoma in that country.
- Discussion regarding physician behavior and lack of referral to dermatologists. Patients are also not pushing for referral to dermatologists for screening. Availability of dermatologists is a major problem.

- Member suggestion that the data is limited due to lack of information on different races and ethnicities; we are not collecting enough information on disparities and reasons for poor outcomes in African-Americans.
- Questions regarding populations susceptible to skin cancer, including Asians and immune-compromised patients.
- Discussion of populations to target for educational purposes, including hairdressers, massage therapists, pediatricians, and lifeguards (Red Cross training).
- Discussion regarding the use of tanning beds and possible legislation to order the placement of warning labels on tanning beds.
- Member suggestion to advocate for more convenient sizes of sunscreen products and for sunscreen to be available at beaches and the cost subsidized by the government.
- Member suggestion that the committee needs to be clear about the message we promote, and that perhaps it's impractical to recommend that people wear sunscreen ALL the time.
- Discussion regarding adding an early detection section for skin cancer to the plan in addition to the section dealing with primary prevention of skin cancer.

⇒**Next meetings**

August 14, 2002, 2-4pm, Med-Chi (Committee member presentations on current programs)

September 4, 2002, 9-11am, Greenspring Station

September 24, 2002, 9-11am, Greenspring Station